

## Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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	Division of Corporations	
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: p.112: FLORIDA PROFIT/NON PROFIT CORPORATION **MINDBLOOM PROVIDER GROUP, P.A.** 2019 1111 14 Certificate of Status C RICO 0 Certified Copy 1 MAY 1 4 2019 Page Count 03 Estimated Charge \$78.75

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#### ARTICLES OF INCORPORATION OF MINDBLOOM PROVIDER GROUP, P.A.

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

# ARTICLE I

<u>Name</u>

The name of the corporation is MindBloom Provider Group, P.A. (the "Corporation").

#### ARTICLE II Principal Office and Mailing Address

The Corporation's mailing address and principal place of business is:

54 Allen St., Suite 7B New York, NY 10002

#### ARTICLE III Nature of Business

The purpose of the Corporation is to engage in the profession of medicine through its duly licensed officers, employees and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

#### ARTICLE IV Capital Stock

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$.01 per share.

#### ARTICLE V Initial Registered Agent and Office

The street address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of the Corporation's initial registered agent at that address is C T Corporation System.

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16144554862 From; James Tanks III

		ARTICLE VI
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Incorporator

The name and address of the incorporator is:

Name K. Casey Alexander Paleos, M.D.

54 Allen St., Suite 7B New York, NY 10002

Address

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

Dated this 10th day of May. 201.9.

F Paleos, M.D. K. Casey Alexande Incorporator

### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

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C T CORPORATION SYSTEM

By:

Print Name: Donna Peterson-Riggs Assistant Secretary Title:

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Dated this

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